

Float Car Rental CDW Claimant Statement

Attention: Float Claims

Telephone: 1-888-519-5451

Email: Float@crawco.ca

CLAIM REQUIREMENTS:

- A) Credit Card Verification (*last 4 digits* and photo of embossed name)
- B) rental agreement
- C) rental inspection form – pre and post rental period
- D) police report or other report to local authorities;
- E) the itemized repair bill, or if not available, a copy of the estimate;
- F) photos of damage area and odometer reading
- G) payee details or receipt for paid repairs or copy of Your billing statement if any repair charges were billed to Your Card
- H) other supporting documentation as determined/requested by the Crawford Adjudicator

Please note a digital signature can be utilized to complete the PDF Fillable version of this form. Should you wish to hand sign the completed form; please print, sign, scan and then submit to the Crawford & Company (Canada) Adjudicator.

When completing this form please ensure only the *last 4 digits* of the credit card are written. Failure to do so will result in the claim form being returned to you

YOU WILL BE CONTACTED BY A CLAIM ADJUSTER IF
ADDITIONAL INFORMATION OR DOCUMENTATION IS
REQUIRED.

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POLICY HOLDER /INSURED

Insured's Name _____
 Insured's Residential Address _____ Phone No. (H) _____

Email Address: _____ Phone No. (W/Cell) _____

Policy Number:	
Credit Card Issuing Bank	
Credit Card Number (last 4 digits):	
Credit Card Name on Card	

RENTAL VEHICLE INFORMATION PART A

Driver's Name & Address			
Phone Number & Email			
Name of Rental Company:			
Vehicle Make:	Vehicle Model:	Vehicle Year:	
Rental Agreement No.:	Amount Claimed:	Rental Vehicle Plate #:	
Explanation of Amount Being Claimed:			
Initial Rental Pick Up Date:		Drop off Rental Date:	
dd/mm/yyyy		dd/mm/yyyy	

LOSS DETAILS PART B

Date of Loss: _____ **Time of Loss:** _____ am __ pm __

Loss Location: _____

Description of Accident/Incident: _____

Please include all photos from the accident and/or of the vehicle damage with your claim submission.

Accident/Theft Reported to: Police ☐ Other ☐ (Please Specify): _____ **Report No.:** _____ **None** ☐

Officer Name: _____ **Badge No.:** _____ **Charges Laid:** _____

Name of Police Department: _____ **Detachment** _____

Select Damage Type (more than one may be selected):

☐ Rental Vehicle Struck in Rear ☐ Other vehicle(s) struck in rear ☐ Intersection Collision ☐ Parking lot collision/incident

☐ Parked & Unoccupied ☐ Tire(s) ☐ Vehicle attachments/extensions ☐ Glass ☐ Interior Damage

☐ Other (Please provide description: _____)

If Rental Vehicle Driver involved in the accident/incident was not the Registered Renter, please provide the name and contact information for the driver below: _____

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OTHER INSURANCE INFORMATION PART C

Do you have any other insurance (automobile insurance) that may provide coverage for this accident or loss:

Yes ☐ No ☐ *If you selected Yes, please complete the following section.*

Insurance Company Name:	Address:	
Policy Number:	Has Claim Been Filed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, provide the Adjuster's Name:	Adjuster Phone No.:	
Adjuster's Claim Number:	Claim Status:	

REPAIR/LOSS DAMAGE DETAILS PART D

1. Please provide the full details of your claim, including the damage/collision sustained and circumstances of said accident or loss:

2. Please provide the name and contact information of the repair facility and the amount being claimed for reimbursement (if applicable): _____

3. What is the area of damage to the vehicle: _____ **Repair Invoice Total:** _____

4. Has repair shop indicated item is not repairable: Yes ☐ No ☐ **Has item been repaired?** Yes ☐ No ☐

5. Amount of this claim \$ _____ **Currency** _____ **Amount Paid By Other Insurance (if any) \$** _____

6. Benefits are payable to (check one) ☐ Cardholder ☐ Rental Company ☐ Other _____

AUTHORIZED REPRESENTATIVE INFORMATION PART E (if different than 'Insured Information' above)

Claimant Representative Name _____	Relationship to Insured _____
Representative Address _____	Phone No. (H) _____
Phone No. (Work/Mobile) _____	Email Address: _____

AUTHORIZATION AND CLAIM CONSIDERATIONS PART F

If you do not have any other insurance that would cover this loss, please complete the 'Certification of No Other Insurance' below:

Signature: _____	Date: _____
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AUTHORIZATION & CONSENT

Privacy Notice: I understand that the information provided by me on this claim form and otherwise in respect of my claim, is required by Crawford & Co (Canada), Chubb Insurance and/or Chubb Life Insurance, its reinsurers and authorized administrators (the "Insurer") to assess my entitlement to benefits, including but not limited to determining if coverage is in effect, investigating the applicability of exclusions and coordinating coverage with other insurers. For these purposes, the Insurer will also consult its existing insurance files about me, collect additional information about and from me, and where required, collect information from and exchange information with, third parties. The Insurer will establish a claims file to which access will be restricted to authorized employees, vendors and agents of the Insurer and to persons authorized by law. If I have the right to access the information, access will be given to me or such persons as I may authorize. I understand that in some instances, the employees, service providers, agents, reinsurers, and any of their providers, of Chubb may be located in jurisdictions outside Canada and my personal information may be subject to the laws of those foreign jurisdictions. I consent to the collection, use, and distribution of my personal information as may be required for these purposes as of the date of signing of this Claimant Statement and understand that such consent will remain in place until such time as I may revoke it. **To find out more about the Chubb Privacy Policy or our privacy practices** please visit chubb.com/ca or send a written request to: Privacy Officer, Chubb, 199 Bay Street - Suite 2500, P.O. Box 139, Commerce Court Postal Station, Toronto, Ontario M5L 1E2.

Authorization Notice: I AUTHORIZE any insurance company, any travel organization or agency, airline carrier, cruise line, tour operator, rental agency, hotel, motel or similar entity providing lodging on a rental/lease basis any repair facility, vendor, seller or retail establishment or



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any other person who may have knowledge regarding this claim to release any information requested by the Insurer or Crawford & Co (Canada) regarding this claim and the loss.

Claimant's Certification: I understand that Crawford & Co. (Canada) is acting as a Third Party Administrator ("TPA") and handling these claims on behalf of Chubb Insurance or Chubb Life Insurance Company of Canada. The above statements are true and complete to the best of my knowledge and belief. In the event of a false or misleading statement in the making of this claim, coverage can be cancelled, payment of benefits denied and past claims payments recovered without refund of any premiums paid. I agree to refund to the Insurer, the amount of any payments made in the event that such amounts should not have been paid in respect of my claim. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original. I agree that this authorization shall be valid for the duration of this claim.

By signing this Claim Form, I certify that all information given above is true and complete to the best of my knowledge.

Signature: _____ **Date Signed:** ____/____/____
dd/mm/yyyy

Print Name: _____